

had to make choices that most experienced and educated adults would find difficult. They have lived with fear and witnessed death. Some of them have lashed out. They have joined gangs, sold drugs, and, in some cases, inflicted pain on others. But they have played baseball and gone on dates and shot marbles and kept diaries. For, despite all they have seen and done, they are—and we must constantly remind ourselves of this—still children.”

During National Foster Care Month, I encourage you to log on to [www.adoptuskids.org](http://www.adoptuskids.org) to learn more about the children who are waiting in our country and across the Nation for the safe, loving home they deserve. As Mistral said, “Many things we need can wait, the child cannot. To him we cannot say tomorrow. His name is today.”

#### RESIGNATION OF FTC COMMISSIONER ORSON SWINDLE

Mr. MCCAIN. Mr. President, after over 7 years of service, Orson Swindle announced today his resignation as Commissioner of the Federal Trade Commission. Mr. Swindle has been dedicated to protecting the interests of the American consumer by promoting competition and fairness in the marketplace. He will be sorely missed.

Mr. Swindle's accomplishments at the FTC have been numerous, but his efforts to promote the vigorous development of the Internet and technology generally have been particularly important to our Nation's economy. His service with the Commission started shortly after the birth of electronic commerce, and it was thanks in part to Mr. Swindle's efforts to keep the Internet free of over-regulation that it is now such a robust and widely-used medium of communication, commerce, education, and political participation. All the while, Mr. Swindle has focused his efforts on educating consumers about the new online world in order to build their confidence in and knowledge of the Internet. He has also ensured that industry understands the need to self-regulate effectively or face the credible threat of Government interference and aggressive enforcement.

I commend Mr. Swindle and thank him for his outstanding service to this country, and I deeply hope that he will continue to build on his long and distinguished career as a public servant. Our Nation benefits greatly from the work of individuals such as Orson Swindle, whom I am proud to call my friend. He stands as an example for us all of commitment, achievement, and sacrifice on behalf of our Nation.

#### THE NATIONAL ALL SCHEDULES PRESCRIPTION ELECTRONIC REPORTING ACT

Mr. SESSIONS. Mr. President, I take a moment to bring attention to an important step that was taken yesterday in the Senate Committee on Health, Education, Labor, and Pensions. On

Wednesday morning, the HELP Committee unanimously passed S. 518, the National All Schedules Prescription Electronic Reporting Act, a bill designed to help states combat the growing scourge of prescription drug abuse and diversion.

I begin by thanking Senator ENZI, our chairman, for his excellent support in bringing this bill, the National All Schedules Prescription Electronic Reporting Act, before the committee for consideration. I also thank and commend the bill's original cosponsors, Senators KENNEDY, DURBIN, and DODD, and their staffs, for contributing to the productive, bipartisan process of developing this legislation.

The abuse and diversion of prescription drugs is a tremendous public health issue for our nation, and a growing one. An epidemic that first attracted public notice as a regional crisis has now spread to touch every kind of community, from major cities to the smallest rural hamlet. Prescription drugs now rank second only to marijuana in the incidence of abuse. Over 31 million American adults and adolescents have, at one time, abused pain relievers, and the number of first-time abusers has increased 336 percent since 1990.

As appalling as the numbers are, we can not permit them to obscure the human tragedy of drug abuse and dependence, or the toll that drug diversion takes on communities. In the case of individuals who become addicted to prescription medications, the addicted too often fall from the productive ranks of society into unemployment, disability, hospitalization, or even death. They may be drawn into criminal activities that lead to incarceration. Their families and communities suffer along with them. Those who engage in drug diversion feed an insidious black market that makes dangerous drugs available to children, as well as adults. On a societal level, taxpayers bear much of the expense of abused or illegally diverted drugs, and, subsequently, of treating the medical consequences of misuse and addiction.

I find particularly concerning the recent Partnership for a Drug-Free America finding that prescription medications are emerging as the most rapidly growing category of drugs abused by America's teenagers. According to this national study, released April 21st, approximately one in five teenagers—that is over 4 million kids nationally—has abused prescription painkillers, and 37 percent report that close friends have done so. Another 10 percent of teens have abused prescription stimulants, such as Ritalin. Surveys show that this dismal pattern is driven by, according to teens' own assessment, ease of access.

The establishment, by the states, of programs to monitor prescriptions for controlled substances can help curb inappropriate, illegal access to these potentially dangerous drugs. At the present time, 20 states have operating

prescription drug monitoring programs. In general, monitoring programs collect, from dispensers, a basic set of information on prescriptions that are issued for controlled substances. In the most effective programs, providers, including physicians and pharmacists, may request the prescription histories of their patients, permitting them to avoid providing controlled substances to “doctor shoppers” seeking multiple prescriptions to feed addiction or for diversion to the black market.

These monitoring programs, appropriately designed, not only help healthcare providers to better deliver appropriate, effective treatment of pain and other conditions that require the use of “scheduled” drugs, but also provide an important tool that permits doctors to identify and, if appropriate, refer for treatment patients whose prescription history suggests that they are at high risk of addiction.

In addition, they offer an opportunity to repair the physician-patient relationship in the face of a growing addiction problem that has created an atmosphere in which physicians fear that prescribing “high risk” medications could inadvertently injure patients or lead to civil or criminal liability or professional discipline. This situation has created yet another class of victims, patients who are finding it too difficult to obtain timely, effective treatment for pain and other legitimate medical needs. Much to their credit, physicians have recognized the tremendous potential here and have been the leading advocates for national legislation supporting the broader adoption of well-designed prescription drug monitoring programs.

I would like to particularly commend the American Society of Interventional Pain Physicians, and Dr. Laxmaiah Manchikanti, their CEO, for the tremendous effort they have put forth to educate members and the public regarding the need for this legislation. ASIPP has, in recent days, been joined in their strong advocacy for the NASPER bill by the American Society of Anesthesiology and the American Osteopathic Association, and I expect that others will soon follow. Those physicians who have stepped forward to advocate for a balanced and effective solution to this problem are truly acting in a manner consistent with the highest ideals of the medical profession.

The bill we are considering today, National All Schedules Prescription Electronic Reporting Act, establishes a federal grant program, to be administered by the Department of Health and Human Services, that would support both the creation of new state programs and the improvement of existing ones. Participating programs would be designed according to a “best practices” model, and would adopt applicable health information technology standards.

It also addresses the important barriers that continue to hamper the full